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7590

07/10/2003

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Martha Rocha	(Depositor's name)
Martha Rocha	(Signature)
10/09/2003	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
08/541,516	10/10/1995	KOLLANPARAMPIL K. KURUVILLA		1315

TITLE OF INVENTION: AUTOMATIC DOOR WARNING SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$10	\$0	\$10	10/10/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
MULLEN, THOMAS J	2632	340-691600

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).

1) Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Raymond M. Galasso
2. SIMON, GALASSO & FRANTZ, P.C.
3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☐ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☐ Advance Order - # of Copies _____

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(Authorized Signature)

10/9/2003
(Date)

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Adjustment date: 10/16/2003 MGBREM2
09/04/2002 AMONDAF1 00000164 08541516
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10/16/2003 MGBREM2 00000013 08541516
01 FC:1506 650.00 OP

Adjustment date: 05/21/2004 KPAIGE

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TRANSMIT THIS FORM WITH FEE(S)

01 FC:1506

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